International Financial Certification Form

**Lake Area Technical Institute**

Please read carefully. Return completed form to address at the bottom of page 3. Please circle your surname/family name. It should be the same surname/family name as on your passport. Please type or print. Thank you.

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Circle Surname/Family Name) (First Name) (Middle Name)

1. Permanent Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Number & Street)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Town or City) (Province or State) (Postal Code) (Country)

3. Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Number & Street)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Town or City) (Province or State) (Postal Code) (Country)

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

(If applicable)

4. Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Town or City) (Province or State) (Country)

5. Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of \_\_\_\_\_Parent \_\_\_\_\_Guardian \_\_\_\_\_ Other Relative in the U.S. to whom confidential information and/or documents may be released:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. **Gender** \_\_\_\_\_ Male \_\_\_\_\_Female **Marital Status** \_\_\_\_ Married \_\_\_\_Single

**Number of Dependents** \_\_\_\_\_ (If you have any dependents who will come with

you to the U.S. please list name, relationship, birth date, and birth place for each

dependent. You must show sufficient funds to cover your dependents’ living

expenses while in the U.S. in addition to your own funds.

**This is required for Visa application.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname/Family Name First Name Date of Birth Country of Citizenship Country of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname/Family Name First Name Date of Birth Country of Citizenship Country of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname/Family Name First Name Date of Birth Country of Citizenship Country of Birth

1. **Financial Documentation** Please indicate in U.S. funds, the amount of money

that will be available to you for all years of attendance/degree. An I-20 form may

only be issued when the student has been admitted **and** shows satisfactory

financial arrangements for meeting the expenses of his/her **entire** program of

study at Lake Area Technical Institute. Funds for dependents accompanying you

must also be included for the total years that you will be studying. Lake Area

Tech retains the right to require an advance deposit from students in countries that

are experiencing difficulties in foreign exchange.

**Source and amount of funds in U.S. dollars for all years of attendance/degree:**

\_\_\_\_\_ Self Support $\_\_\_\_\_\_\_ \_\_\_\_\_ Family Support $\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Sponsor $\_\_\_\_\_\_\_ Describe relationship of sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other $\_\_\_\_\_\_\_ Describe other source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note…If your sponsor has sent a notarized signed letter you do not need to have this part competed.

**Official Certification of Sponsor**

This is to certify that I have read the information furnished by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

the applicant on this form, and agree that it is a true and accurate statement, and that

the funds are available and will be provided as indicated.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of guarantor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of guarantor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of official witness or notary (place seal over signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

1. I certify that the information provided here is correct and complete. (If sponsoring

self, sponsor’s signature above is not necessary.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of prospective student Date

**Please return this form and all financial documents to:**

Lake Area Technical Institute Telephone: (605) 882-5284

Attn: Registrar FAX: (605) 882-6299

PO Box 730

Watertown, SD 57201